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TEXAS INSTRUMENTS INCORPORATED  
 PO BOX 655474, M/S 3999  
 DALLAS, TX 75265

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Marianna Smith

(Operator's name)

*Marianna Smith*

(Signature)

02/09/2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/620,492	07/16/2003	Majid Movahed Mansoori	TI-35375	9069

TITLE OF INVENTION: METHOD TO REDUCE TRANSISTOR GATE TO SOURCE/DRAIN OVERLAP CAPACITANCE BY INCORPORATION OF CARBON

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,400	\$300	\$1,700	02/15/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
Lindsay Jr., Walter Lee	2812	438-270000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. Jacqueline J. Garner  
 2. W. James Brady III  
 3. Frederick J. Telecky, Jr.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

TEXAS INSTRUMENTS INCORPORATED

## (B) RESIDENCE. (CITY AND STATE OR COUNTRY)

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- Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  entity  government
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 A check in the amount of the fee(s) is enclosed  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0568 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(c)(2).

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Authorized Signature

Date February 9, 2007

Typed or printed name

Jacqueline J. Garner

Registration No. 36,144

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